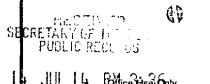
M M J Μĵ M Ø 4020

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS



1011111	For An Authorized Committee				JUL 14 Paffice Dise only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Extra full)		Example: If typing, to be the lines.	type 12FE4	М5		
CLEMENTS FOR N	M		11111	<u> </u>	1 1 1 1		
	1 1 1 1 1 1	<u> </u>	<u> </u>	1 1 1 1 1 1 1	111		
ADDRESS (number and street)	PO BOX 876			1 1 1 1 1 1			
Charle if different	L		11111				
Check if different than previously reported. (ACC)	MESILLA PAR	MESILLA PARK					
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲		STATE A	^Z	ZIP CODE A STATE ▼ DISTRICT	
C C00553248	1	3. IS THIS REPORT	X NEW (N)	OR (A)	ENDED	NM 00	
4. TYPE OF REPORT (a) Quarterly Reports:	(Choose One)	(b) 12-Day PF	RE-Election Report 1	for the:			
April 15 Quarterly Report (Q1)			Primary (12P)	Gener	al (12G)	Runoff (12R)	
1			Convention (120	C) Specia	al (12S))	
July 15 Quarteri	fy Report (Q2)	Election o	,	D D / Y	· • ,	in the State of	
January 31 Year	r-End Report (YE)	Report (YE) (c) 30-Day POST-Election Report for the			ie:		
	·		General (30G)	Runoff	(30R)	Special (30S)	
Termination Rep	oort (TER)	Election o	-			in the State of	
5. Covering Period I certify that I have examined	05 15	· · · · · · · · · · · · · · · · · · ·	through knowledge and beli	M M / D D 30 30 ief it is true, correct	201- and complet	4	
Type or Print Name of Treasu	urer Ana Maria Sal	lazar					
Signature of Treasurer	Ana Mario Salazar	Du	Del	Date O	3 8	7/2014	
NOTE: Submission of false, en	roneous, or incomple	te information ma	y subject the person	signing this Report	to the penaltic	es of 2 U.S.C. §437g.	
Office Use Only						FORM 3 sed 02/2003)	